

well-being of their older populations at risk. Bangladesh is one such nation characterized by excess poverty, poor health, high mortality rates, and illiteracy among its older adults. The lack of elder-friendly infrastructure presents another problem for aging well in Bangladesh. This study examined perceptions about the adequacy of care and support received by older Bangladeshis. A cross-sectional survey collected data from 100 older people who were purposively sampled. Results revealed that older people generally are not satisfied with support services from the government and feel that old-age care has historically declined. Inadequate care and support was cited both at family and state levels. Respondents expressed concern that earlier generations of older people were better taken care of than the present generation, and that the former received more respect than the latter. Factors related to perceived support deficits included poverty, widowhood, and migration of sons. In this patrilineal culture, widowed women in particular perceived themselves as disadvantaged in terms of care availability. We conclude by recommending that policies be designed to enhance care and support services for older people in Bangladesh, particularly the most vulnerable and marginalized among them.

#### THE INTERSECTION OF RELIGION AND SES IN MANAGING CHRONIC CONDITIONS AMONG OLDER PERSONS IN NIGERIA

Kafayat O. Mahmoud<sup>1</sup>, *1. University of Kansas, Lawrence, Kansas, United States*

Increased life expectancy in Nigeria has corresponded with higher rates of chronic diseases among older persons. Consequently, this is a new experience that older persons progressively have to deal with. In this study, I explored how religion and social support helped older persons cope with their chronic disease conditions, in light of the prevailing socio-cultural and economic circumstances in Nigeria. The research was conducted in two state-owned medical institutions, in a city in the North-Central part of Nigeria. In-depth, qualitative interviews were conducted among 19 purposively selected chronically ill persons aged between 50 years and over, during clinic days. The study revealed that religion is central to peoples' management of feelings of despair, and acceptance of chronic disease conditions, as well as their adherence to prescriptions. This is explained by the theme "God as the Bestower and Reliever." Also, some respondents perceived their coreligionists to be financially supportive. Although, some participants expressed that they depended on their families for their upkeep and emotional well-being, dire socio-economic conditions and lack of governmental support in chronic care meant that financial support was limited. This is explained by the theme "Times are Hard." Subsequently, most respondents bore a dual burden of coping with chronic conditions even as they were financially responsible for themselves and their families. This was particularly stressful because it meant that most respondents were constantly worried about being able to meet basic daily needs, as well as manage the financial costs of their treatments, which proved expensive to manage.

#### INNOVATING CAREGIVER EDUCATION: INCLUDING COOPERATIVE EXTENSION IN RURAL CAREGIVING EDUCATION

Kristopher M. Struckmeyer,<sup>1</sup> Alex J. Bishop,<sup>1</sup> Gina Peek,<sup>1</sup> Paula Tripp,<sup>1</sup> and Sarah Gordon<sup>2</sup>, *1. Oklahoma State*

*University, Stillwater, Oklahoma, United States, 2. Arkansas Tech University, Russellville, Arkansas, United States*

Studies consistently report that caregivers under utilize resources, citing unawareness or inability to access programs as barriers to service utilization. Family and Consumer Science (FCS) educators within Extension have a unique blend of training that can help transform access to education for rural caregivers. Extension programming covers a wide range of topics, but few have implemented a curricular program or workshops to educate caregivers about caregiving issues. The current study involved a multi-state examination of innovativeness in caregiving program implementation among N = 216 FCS educators employed by the Cooperative Extension Service. Educators rated their perceptions of Extension's receptiveness to change and personal factors. Results indicated that more urban areas ( $\beta = .19, p < .05$ ), fewer years in their current position ( $\beta = -.23, p < .05$ ), and greater leadership self-efficacy ( $\beta = .17, p < .05$ ) predicted educator innovativeness to implement new caregiver education programming. However, when personal factors were added to the model, only years in current position ( $\beta = -.20, p < .05$ ) remained significant. Subjective age ( $\beta = -.25, p < .01$ ) and social support ( $\beta = .28, p < .01$ ) were also found to significantly predict educator innovativeness. Despite previous research, these results indicate that personal factors may have a greater influence on educators' innovativeness than organizational factors. These findings are critical when adopting and implementing a rural caregiver education programs through new organizational networks.

#### PATIENTS' PAIN AND THEIR SPOUSAL CAREGIVERS' NEGATIVE AFFECT: THE MODERATING ROLE OF SELF-EFFICACY

Suyoung Nah,<sup>1</sup> Lynn Martire,<sup>1</sup> and Christina Marini<sup>1</sup>, *1. The Pennsylvania State University, University Park, Pennsylvania, United States*

Spousal caregivers of chronic pain patients may experience high levels of negative affect, perhaps in part because they regularly witness patients' suffering. Yet, few studies have examined the relation between patients' chronic pain and spousal caregivers' negative affect. According to social cognitive theory, individuals' self-efficacy may modulate how much negative affect they experience in response to stressful situations. The purpose of this study was to test the hypothesis that spousal caregivers would report higher levels of negative affect on days when patients experienced higher levels of knee pain. We also tested the hypothesis that patients' and spouses' self-efficacy for managing pain would each buffer this positive association. A total of 144 knee osteoarthritis (OA) patients and their spouses completed baseline interviews and a 22-day diary assessment. Multilevel models indicated that patients' self-efficacy, but not spouses' self-efficacy, moderated the positive association between patients' pain and their spouses' negative affect, even after controlling for spouses' gender, age, and depressive symptoms. That is, spouses reported higher levels of negative affect on days when patients experienced more pain, but only among patients whose self-efficacy for managing pain was low. These findings suggest that patients' self-efficacy for managing pain may serve as a protective factor for their spousal caregivers' daily negative affect. Interventions targeting patients'